



practically similar. *Escherichia*, *Corynebacterium*, *Proteus*, *Pseudomonas* and *Candida* were isolated in the main group of children.

Therefore, in children with CCG against I type DM there was increased putrid gram-negative microflora and pathogenic fungi *Candida* found. In this respect the oral cavity should be sanitized with effective antiseptics with a wide spectrum of action.

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### **USE OF LINER MATERIALS CONTAINING CALCIUM CALCIMOL LC AND IONOSIT DURING TREATMENT OF DEEP CARIES**

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At all times healers, philosophers, doctors and scientists were trying to determine the cause of different diseases. Dental diseases didn't bypass their attention, and more specifically - caries. There are over 200 theories about the origin of the disease.

Dental caries is a pathological process that appears after the teething at which the demineralization and softening of hard tooth tissue is happening with subsequent formation of a defect in a form of a cavity. Dental caries is divided into initial, superficial, moderate and deep, depending on the lesion depth. This study concerns the use of liner materials for the treatment of deep caries.

It is the necessity to determine the effectiveness of IONOSIT and Calcimol LC in the treatment of acute deep caries. Calcimol LC - light curing, X-ray contrast liner material containing calcium hydroxide. IONOSIT - light curing, X-ray contrast compomer liner material containing calcium hydroxide.

The study involved 24 patients who have been diagnosed with acute deep caries. They were divided into three experimental groups. Patients of the first group, after preparation, were treated with the Calcimol LC, a dental paste, applied to the floor of cavities as a temporary filling, with the instruction of repeat visit in 2 weeks. Patients of the second group were treated using IONOSIT, a dental paste, and given the same instructions. The patients of the third group, which was the control one, after preparation were treated with glass ionomer cement Ketak Molar, applied to the floor of the cavity and filled with the light curing material Charizma.

In two weeks, the patients of the first group pointed out that the pain from the irritants was significant of less intense, and 2 patients said that it disappeared altogether. Probing of the cavity floor after liner removal was painful for 3 patients, and slightly painful, or even painless for the rest of them. Patients of the second group complained of minor pain from irritants, but much smaller than before the use of the paste. Probing of the cavity floor was painful for 3 patients, the rest - slightly painful, or painless. Two patients of the control group complained of slight pain from irritants, the rest patients didn't make any complaints.

The results of this study proved that both materials are effective in the treatment of acute deep caries. The complaints of the majority of patients reduced, or were absent at all. However, the relatively small group of patients and the lack of histological confirmation make it impossible to fully evaluate the effectiveness of treatment of acute deep caries with Calcimol LC and IONOSIT liner materials.

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### **EVALUATION RESTORATIONS OF CROWN PART OF FRONTAL GROUP OF TEETH BY CRITERIA USPHS (RYGE)**

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The problem with the emergence and prevalence of defects in the crown of the front teeth is vitally important in the clinic of therapeutic dentistry. A large number of carious and non-carious lesions of hard tissues of anterior teeth among the population of Ukraine cause the necessity of development of modern methods of treatment of this pathology. The question of choosing a material with optimum physical, chemical and optical properties which can be used for performing highly aesthetic restoration of the tooth and can satisfy all the requirements of the doctor and the patient is very relevant today.

Also, the objective evaluation of the quality of the restoration of the crown part of the tooth in the early and late periods of treatment is one of the unresolved questions today. In most cases in practice determining the need for replacement of restoration implements by a dentist by visual examination of the restorations using the dental mirror and probe, based on his own clinical experience. However, this method of quality evaluation of dental restorations doesn't have a sufficient level of accuracy and objectivity.

The purpose of our research was improving the quality of restorations of the destroyed crown part of the front teeth on the upper and lower jaw, using nanocomposite materials by analyzing the immediate and remote results of treatment.

To achieve the purpose of research there were definite such tasks as:

1. Choosing the best method of evaluating restorations of the crown part of the front teeth.



2. Conducting clinical and instrumental evaluation of the quality of restorations with photopolymer filling materials "Filtek™ Ultimate company 3MESPE and Esthet.X.HD company Dentsply in the early and late periods of observation using the clinical criteria of USPHS (Ryge).

To solve the set tasks there were examined 61 patients aged 18 to 58 years, which appealed with complaints of an aesthetic defect in the front area. The examination was conducted at the Department of Therapeutic Dentistry of Bukovina state medical University. On the basis of generally accepted examination methods, there was determined the dental status of patients, periodontal and hygienic indexes, and there was performing restorations of crown part of front groups of teeth by a direct method.

For the restoration of the crown part of the anterior teeth with modern nanocomposite materials all patients were divided into four clinical groups:

Monitoring group	The group of affected teeth	Material for restoration	The number of patients
I	Frontal group of upper jaw teeth	Filtek™ Ultimate	18
II	Frontal group of lower jaw teeth	Filtek™ Ultimate	13
III	Frontal group of upper jaw teeth	Esthet.X.HD	17
IV	Frontal group of lower jaw teeth	Esthet.X.HD	13

Evaluation of the restorations of the front teeth crown with nanocomposite materials was carried out using criteria G. Ryge, which were recognized by the Health Service of the United States (United States Public Health Service – USPHS). They include the definition of different parameters such as the color of the restorations, the quality of restoration surface, edge adaptation to the tooth, anatomical form, secondary caries. The criteria USPHS has such a system of evaluation: A (Alfa) B (Bravo) C (Charlie) D (Delta), H (Hotel) O (Oscar) on each of the criteria. The evaluation was carried out immediately after the performing restorations and after 6 months.

There was revealed that the restorations with nanocomposite materials Filtek™ Ultimate company 3M ESPE and Esthet. X.HD company Dentsply immediately after the performing deserve a rating "excellent" – Romeo, using the USPHS evaluation criteria.

After six months restorations of frontal teeth crown part with composite Filtek™ Ultimate company 3M ESPE, as before, deserve a rating "excellent" - R (Romeo), restorations with composite Esthet.X.HD company Dentsply deserve a "satisfactory" rating, as those that have slight deviation from the ideal – S(Sierra).

Criteria USPHS are optimal for evaluation the quality of teeth restorations and meet all the requirements, because they determine different parameters such as the color of the restorations, the quality of restorations surface, edge adaptation to the tooth, anatomical form, secondary caries. Restorations with nanocomposite material Filtek™ Ultimate company 3M ESPE and Esthet.X.HD company Dentsply according to USPHS criteria deserve rating "excellent" - R (Romeo). After 6 months restorations with material Esthet.X.HD company Dentsply showed the worse result (Sierra) than restorations with material Filtek™ Ultimate 3M ESPE (Romeo).

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#### КЛІНІЧНА ОНКОЛОГІЯ, ПРОМЕНЕВА ДІАГНОСТИКА ТА ПРОМЕНЕВА ТЕРАПІЯ

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#### **ІНВАГІНАЦІЙНИЙ ТОНКО-ТОВСТОКИШКОВИЙ АНАСТОМОЗ У ЛІКУВАННІ РАКУ ПРАВОЇ ПОЛОВИНИ ОБОДОВОЇ КИШКИ**

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Рак ободової кишки займає друге місце в структурі злоякісних новоутворень шлунково-кишкового тракту. При неускладнених формах раку правої половини ободової кишки операцією вибору є одночасна резекція цієї ділянки з накладанням анастомозу. Проте втрата замикального апарату, внаслідок видалення ілеоцекального відділу кишкового тракту, призводить до значних розладів травлення, порушення загального стану пацієнта. Все це значно погіршує результати лікування, а інколи навіть становить загрозу життю пацієнта.

Традиційні анастомози нездатні забезпечити порційне проходження хімусу з тонкої кишки в товсту та попередити потрапляння його в зворотньому напрямку. У зв'язку з цим увагу багатьох хірургів привертають кінцебокові інвагінаційні тонко-товстокишкові анастомози, проте останні мають ряд недоліків, які зумовлені технічною складністю оперативного втручання, розвитком явищ "сліпого мішка", рефлюкс-ентериту, синдромом короткої кишки, дисбактеріозу тощо.

Розробка нового адекватного поздовжнього кінцебокового тонко-товстокишкового анастомозу покращить результати лікування хворих на рак правої половини ободової кишки та їх соціальну реабілітацію.

Мета дослідження - покращити результати хірургічного лікування хворих на рак правої половини ободової кишки шляхом розробки адекватного інвагінаційного поздовжнього кінцебокового тонко-товстокишкового анастомозу.

Для реалізації поставленої мети нами запропоновано спосіб формування інвагінаційного кінцебокового тонко-товстокишкового анастомозу (пат. № 85715 від 25.11.2013 року). Спосіб накладання даного тонко-товстокишкового анастомозу полягає у тому, що після мобілізації термінального відділу тонкої кишки, її